



Give this patient information sheet to the patient, parent/guardian or substitute decision-maker(s) to read carefully and allow time to ask any questions about the procedure.

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Source of images 1 & 2: Royal College of Anaesthetists

1. What is this procedure and how will it help me?

An epidural is a procedure where an anaesthetic (a medicine that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord called ‘the epidural space’ (refer to image 1 below). The medicine works by blocking the pain signals from reaching your brain.

A fine plastic tube is inserted through an epidural needle (the needle is removed after the tubing is in place). The fine plastic tube is taped onto your back and medicines can be given through this fine tube until your baby is born.

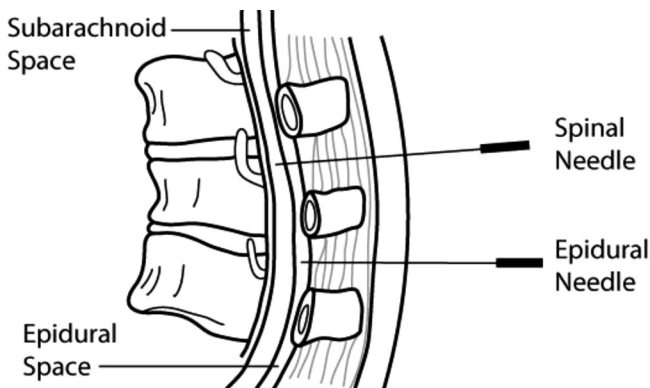


Image 1: The spinal and epidural spaces.



Image 2: Person sitting on the side of a patient trolley, and bending over from the waist.

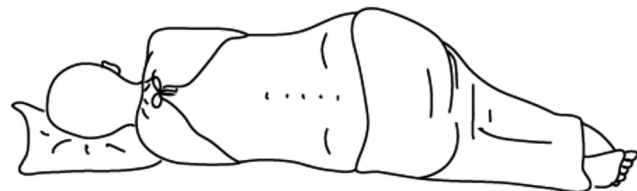


Image 3: Person lying on their side with knees bent.

1. What is this procedure and how will it help me? (continued)

The epidural can be inserted while you are sitting on the side of the bed bending over from the waist or while lying on your side with your knees bent up (refer to images 2 and 3). This can be uncomfortable during contractions but it is important to stay as still as possible while the anaesthetist is inserting the epidural needle.

This anaesthetic takes 15–30 minutes to work. Epidurals are an effective way of making childbirth more comfortable however not every woman can have an epidural. Problems with blood clotting and infection may mean that you need a different pain relief option.

In addition, not every health facility offers epidural anaesthesia (particularly in small rural birthing facilities). Your doctor or midwife can recommend other pain relief options for you (refer to question 6 below).

After an epidural, you will have altered sensation from the waist down. How much you can move your legs after an epidural will depend on the type and dose of local anaesthetic used. A very thin tube will be left in your back so the anaesthetic can be topped up. The tube will be removed when the anaesthetic is no longer required.

‘Top ups’ can be managed in several ways:

- your midwife may give you a top up when needed
- you may have a constant flow infusion
- you may have a button that you can push to give yourself a dose of the pain relieving local anaesthetic.

Not all epidurals are the same strength.

Epidurals used for caesarean section or a forceps delivery are stronger so you don’t feel any pain. A normal labour does not require such a strong block so a lower strength anaesthetic is given. This allows you to feel your contractions and be able to push when the time comes, yet feel little or no pain.



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1. What is this procedure and how will it help me? *(continued)*

Advantages of an epidural anaesthetic:

- effective form of continuous pain relief, especially for backache and contraction pains
- you can be awake and participate in your baby's birth
- requires less medicines than other forms of pain relief
- does not make you sleepy
- if needed, a stronger epidural can be used as the anaesthetic for caesarean sections or forceps delivery
- it is important to understand that while you will be pain free during the operation, you may feel strange pressure sensations.
- this avoids a general anaesthetic, where you are in a very deep sleep and recovery time is longer.

Disadvantages of an epidural anaesthetic:

- it can slow down the second stage of your labour
- you are more likely to need forceps or a vacuum extraction to help the baby out
- a 'drip' (IV fluid) is always put into your vein before the epidural is inserted
- once the epidural is in place it is very important that that you do not lie flat on your back as it can cause a considerable drop in your blood pressure. You may sit up or lie on your side.

Your recovery after an epidural:

The numbness/weakness may take several hours to wear off. It is very important that during this time you do not attempt to walk unless approved by your doctor/midwife. For safety reasons you must not walk without a person to assist you.

Within the first 2 weeks after your epidural if you have any numbness, weakness, headache, fever or severe back pain contact the anaesthetist.

2. Potential benefits of an epidural during labour

The benefits of an epidural are:

- that you will be awake
- it takes away the pain of contractions
- it can be effective for hours and can be increased in strength if you need to have an emergency caesarean
- in a long labour, it can allow you to sleep and recover your strength.

2. Potential benefits of an epidural during labour *(continued)*

For caesarean section births:

- you will be able to see your baby as soon as they are born
- the baby will only get incredibly small amounts of any medications given
- your partner can be with you.

3. What are the specific risks of this procedure?

Every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

Common side effects and complications include:

- low blood pressure (it is very important that you do not lie flat on your back)
- nausea, vomiting, itching and shivering
- pain and tenderness at the injection site
- sometimes the epidural anaesthetic only partially works
- problems in passing urine (you may require a catheter to be placed in your bladder while the anaesthetic wears off and for a short time afterwards)
- bruising (haematoma) at the injection site. If you take blood thinning medicines you are more likely to get a haematoma as it may affect your blood clotting.

Uncommon side effects and complications include:

- fever
- severe headache:
 - may occur and get worse on sitting or standing and improves if you lie down
 - you will need to see an anaesthetist for assessment:
 - » if you are still in hospital, your nurses and/or the surgical team will contact your anaesthetist for an assessment
 - » if you have left hospital, seek help from your GP or by attending the emergency department

3. What are the specific risks of this procedure? (continued)

- temporary nerve damage:
 - temporary loss of sensation, pins and needles and sometimes muscle weakness in the lower body
 - may last for a few days, weeks or months
- overdose of medicines which may lead to slow breathing: the anaesthetist can treat this
- the anaesthetic does not fully work: this may require further anaesthetic and/or a different method of anaesthesia to be used
- allergic reaction
- existing medical conditions getting worse.

Rare side effects and complications include (but not limited to):

- permanent nerve damage with possible paralysis
- severe breathing difficulty: the block may go higher than planned and affect breathing by paralysing the breathing muscles
- infection (e.g. around injection site and epidural catheter: epidural abscess/ meningitis) requiring antibiotics and further treatment
- short term deafness
- double vision
- blood clot with spinal cord damage
- serious allergic reaction
- equipment failure (e.g. breakage of needles or catheters possibly requiring surgery to remove them)
- seizures (convulsions or fits)
- meningitis
- cardiac arrest
- severe harm or death (very rare).

4. What are the risks to my baby?

Some medicines given to you during labour can cross the placenta. Medicines that your anaesthetist uses in an epidural that cross the placenta appear to have little or no effect on the baby.

5. What are the risks of not having epidural pain relief for labour?

There may be consequences if you choose not to have the proposed epidural pain relief. Please discuss these with your doctor/clinician. If you choose not to have the procedure you will not be required to sign a consent form.

6. What are the alternative types of pain relief available?

Although having a baby is a natural process, it can cause significant pain and discomfort. Every woman is different and every birth experience is unique, so the need for pain relief varies.

Thinking about and understanding the choices of pain relief are an important part of getting ready for the birth of your baby. During the actual birth, your needs for pain relief may change, so it is very important that you have a flexible attitude so that the birthing experience is more comfortable.

Some women, if possible, want to avoid taking any medications. There are many non-medical choices available to help support you with the pain. Some of these are, breathing exercises, massages, warm baths or showers, yoga, walking around and relaxation techniques.

Sometimes the pain is worse than expected or maybe the labour is not progressing as it should. This is where medical pain relief options can be used. These include nitrous oxide gas and strong pain relieving injections.

Please discuss all the pain relieving options suitable for you with your doctor or midwife.

7. Who will be performing the epidural pain relief for labour?

You may be seen and cared for by a specialist anaesthetist, a GP with training in anaesthetics (particularly in rural areas) or a doctor undergoing further training. All trainees are supervised according to relevant Australian professional guidelines.

If you have any concerns about which doctor/clinician will be performing your procedure please discuss the concerns with your doctor/clinician.

